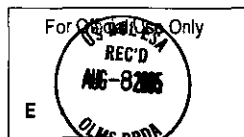


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5287</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>David</u> <u>W</u> <u>Lovell</u> P.O. Box, Bldg., Room No., if any Street <u>553 John Street</u> City <u>Seattle</u> State <u>Washington</u> ZIP Code + 4 <u>98109-5014</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local Union No. 117</u> Labor Organization File Number <u>005-960</u> P.O. Box, Building and Room Number, if any Street <u>553 John Street</u> City <u>Seattle</u> State <u>Washington</u> ZIP Code + 4 <u>98109-5014</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>David W. Lovell</u>	On <u>7/28/2005</u> Date	<u>206 441 4860</u> Telephone Number

Name of Person Filing <b>David Lovell</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>11.a. Nature of such dealing.</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	<p><b>11.b. Approximate dollar value of such dealing.</b></p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
	<p><b>12.a. Nature of interest held or income received.</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	<p><b>12.b. Amount.</b></p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <b>United Employees Benefit Trust</b></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <b>222 East 26th Street, Suite 106</b></p> <p>City <b>Tacoma</b></p> <p>State <b>Washington</b> ZIP Code + 4 <b>98421</b></p>	<p><b>14.a. Nature of payment.</b></p> <p><b>Expenses for Trust meetings as Union Trustee:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">10/15/2004</td> <td style="width: 30%;">Dinner</td> <td style="width: 40%; text-align: right;">\$45</td> </tr> <tr> <td>10/16/2004</td> <td>Dinner</td> <td style="text-align: right;">\$27</td> </tr> </table>	10/15/2004	Dinner	\$45	10/16/2004	Dinner	\$27
10/15/2004	Dinner	\$45					
10/16/2004	Dinner	\$27					
<p><b>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</b></p>	<p><b>14.b. Amount of payment.</b></p> <div style="border: 1px solid black; width: 100%; text-align: right; padding-right: 10px;">\$72</div>						

Name of Person Filing David Lovell

File Number U-

## Part C Continuation Page

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.****13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**

Name Washington Teamsters Welfare Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2323 Eastlake Avenue East

City Seattle

State Washington

ZIP Code + 4 98102-3393

**14.a. Nature of payment.**

Expenses for Trust meetings as Union Trustee:

3/31/2004	Breakfast	\$9
3/31/2004	Lunch	\$19
3/31/2004	Break	\$10
9/28/2004	Breakfast	\$11
9/28/2004	Lunch	\$21
9/28/2004	Break	\$12

**13.b. Is the Business an Employer** ☐ **or Consultant** ☒ **?****14.b. Amount of payment.**

\$82

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.****13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

**14.a. Nature of payment.****13.b. Is the Business an Employer** ☐ **or Consultant** ☐ **?****14.b. Amount of payment.****C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.****13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

**14.a. Nature of payment.****13.b. Is the Business an Employer** ☐ **or Consultant** ☐ **?****14.b. Amount of payment.**